



## Social Thinking© Intake Form

Date that this form is being completed: \_\_\_\_\_

Date received (office use only): \_\_\_\_\_

Person/District/Agency Making the Referral (if applicable):  
\_\_\_\_\_

Individual's Name:	Age :	D.O.B.
Individual's Email:		
Sex: Male _____ Female _____	Grade:	
Parent/Guardian Name(s). Please Print.		
Name: _____		
Address: _____		
Phone: _____		
Email: _____		
Name: _____		
Address: _____		
Phone: _____		
Email: _____		

### DISTRICT or OTHER AGENCY INFORMATION - if applicable

District or Agency Name:	Address:
Primary Contact Person:	Position/Title of Primary Contact Person:
Email:	Phone:

Autism Behavioral Consulting, LLC  
 1105 W. Russell St., Sioux Falls, SD 57104  
 605-351-1002  
 FAX: 605-271-3956  
[info@abc-autism.com](mailto:info@abc-autism.com)  
[www.abc-autism.com](http://www.abc-autism.com)

## DIAGNOSIS INFORMATION

Does the individual have a diagnosis(es) and if so what? (**please provide a copy of the most recent educational or vocational plan and the most recent evaluation**) When were the diagnos(es) made and by whom?

What medications do you take, what are they and what is the reason for taking the medication(s).

Examples: Vitamin C because I get frequent colds. Fluoxetine because I have depression.

**Release of Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I give permission for information to be exchanged regarding my child: \_\_\_\_\_, (Child's Name)  
and the following location (please provide the address and phone number for the district, agency or medical facility).

PLEASE COMPLETE ONE FORM PER LOCATION

\_\_\_\_\_  
NAME/AGENCY

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE AND FAX NUMBERS

and Autism Behavioral Consulting.

This information may include verbal exchange of information and written reports or information to and from Autism Behavioral Consulting and to and from the person/agency listed above.

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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Date: \_\_\_\_\_

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### Social Thinking© Skills of Concern

(Check all that apply and rate the severity using the scale provided)

1	2	3	4	5	6	7
Normal/ Not at All	Borderline Problem	Mild Problem	Moderate Problem	Marked Problem	Severe Problem	Most Extreme Problem
<b>Put a rating number in this box</b>	Social Skill of Concern			<b>Put a rating number in this box</b>	Social Skill of Concern	
	Listening during a conversation				Maintaining eye contact	
	Initiating with others				Solving problems and negotiating	
	Following instructions or rules				Giving or receiving help	
	Responding to teasing				Rigid thoughts or behaviors	
	Participating in a group				Difficulty understanding the opinions or experiences of others	
	Asking Questions				Asking for help	
	Answering Questions				Language is often "self focused"	
	Reading Comprehension is best at the factual level versus understanding the main idea or inferential skills				Communication is tangential (communication shifts topics frequently and egocentrically)	
	Has difficulty with written expression				Penmanship is messy/illegible or conversely overly perfectionistic	
	Friendships are superficial or the individual has very few friends				Organizational tasks are significantly impacted. Time Management and long-term planning are a concern.	
	Teasing/taunting by peers is a concern				Tends to perseverate on specific themes or topics both in their spoken and written language	
	Does not understand the "hidden" social rules				Difficulty understanding the emotions surrounding dating or interactions with a significant other	

**Behaviors**

Please check all behaviors that describe your child.

- Motivated
- Anxious
- Externally Distracted
- Impulsive
- Aloof/internally distracted
- Rigid (my way or the highway)
- Oppositional
- Verbally aggressive to peers or adults (describe)
- Withdrawn
- Physically aggressive
- May run and hide or leave the area, if upset

Additional information about the behaviors indicated above.

What are your current concerns about your child's performance at school?

What are your current concerns about your child's performance at home?

If I were to observe your child at school during lunch or recess what would I observe?

If I were to ask a classmate to describe your child what would they say?

Describe your child's strengths:

Additional Information you would like us to know: